



Member Services  
1-888-469-6322  
OEBB.Benefits@odhsoha.oregon.gov

**Medical Plan Monthly Rates**  
**ACA Group Bronze Plans**  
**2023-24 Plan Year**  
(Effective October 1, 2023)

<b>OEBB Bronze Plan w/Pharmacy</b>	<b>Tier-Rated Groups</b>	
<b>OEBB Rates</b>	<b>Employee Only</b>	<b>Employee + Child(ren)</b>
Moda Health	\$480.90	\$913.76
Kaiser Permanente	\$290.73	\$552.39
<b>COBRA</b>	<b>Employee Only</b>	<b>Employee + Child(ren)</b>
Moda Health	\$490.51	\$932.03
Kaiser Permanente	\$296.54	\$563.43